

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LS	1089	6/27/01
RESPONSE FORMALITY REVIEW	SLC	809	8/9/01
			11-13-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	0
11	✓
12	✓
13	✓
14	✓
15	✓
16	=
17	=
18	=
19	=
20	=
21	=
22	=
23	=
24	=
25	=
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	0
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	0
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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